

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

 PAGE 1 OF 4  
 FOR SE OF FORM 24/48

|  |   |
|--|---|
| NAME OF COMMITTEE (In Full)<br><b>National Right to Life Victory Fund</b>  | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00509893       </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |   |

|   |             |   |   |
|---|-------------|---|---|
| Full Name of Payee<br><b>Mele Printing</b>  |             | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY<br/>01 / 10 / 2014</div> </div>    |   |
| Mailing Address 619 North Tyler Street  |             | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">775.53</div>   |   |
| City<br>Covington   | State<br>LA | Zip Code<br>70433-1476  | <b>Transaction ID : EEFB11DF6731D4DCCBE</b><br>Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div> |
| Purpose of Expenditure<br>IE-Printing-Landrieu  |             | Category/Type   |   |
| Name of Federal Candidate<br>Mary L Landrieu  |             | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose  |   |
| Calendar Year-To-Date<br>Per Election for Office Sought                                 |             | Office Sought: <input type="checkbox"/> House District: _____<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> |   |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">775.53</div> |             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶               |   |

|  |             |   |  |
|--|-------------|---|--|
| Full Name of Payee<br><b>LR3 Consulting LLC</b>  |             | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY<br/>04 / 15 / 2014</div> </div>    |  |
| Mailing Address 2133 Silverside Drive Ste A  |             | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">2500.00</div>  |  |
| City<br>Baton Rouge  | State<br>LA | Zip Code<br>70808-4179  | <b>Transaction ID : E5027ECE4AB9E483E848</b><br>Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div> |
| Purpose of Expenditure<br>IE-Landrieu-Advertising  |             | Category/Type   |  |
| Name of Federal Candidate<br>Mary L Landrieu   |             | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought                                  |             | Office Sought: <input type="checkbox"/> House District: _____<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> |  |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">2500.00</div> |             | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶               |  |

|  |  |
|--|--|
| <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶    | <div style="border: 1px solid black; padding: 2px; display: inline-block;">3275.53</div> |
| <b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>        |
| <b>(c) TOTAL</b> Independent Expenditures..... ▶                   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>        |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Wayne Cockfield

[Electronically Filed]

Date

MM / DD / YYYY  
07 / 15 / 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 4  
FOR SE OF FORM 24/48

|  |  |   |
|--|--|---|
| NAME OF COMMITTEE (In Full)<br><b>National Right to Life Victory Fund</b>  |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00509893 |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |  | MM / DD / YYYY                                    |

|  |                    |  |
|--|--------------------|--|
| Full Name of Payee<br><b>Media Fleet</b>                 |                    | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>05 / 10 / 2014</b>   |
| Mailing Address <b>629 S Clairborne Ave</b>              |                    | Amount<br><b>1371.20</b>   |
| City<br><b>New Orleans</b>                               | State<br><b>LA</b> | Zip Code<br><b>70113-3113</b>  |
| Purpose of Expenditure<br><b>IE-Landrieu-Advertising</b> | Category/Type      | Transaction ID : <b>EDCE50EB2CD83459FBC</b><br>Date of Disbursement or Obligation<br>MM / DD / YYYY  |
| Name of Federal Candidate<br><b>Mary L Landrieu</b>      |                    | Office Sought: <input type="checkbox"/> House District: _____<br><input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b> |
| Calendar Year-To-Date<br>Per Election for Office Sought  |                    | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶  |

|  |                    |  |
|--|--------------------|--|
| Full Name of Payee<br><b>Vivid Ink</b>                   |                    | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>05 / 13 / 2014</b>   |
| Mailing Address <b>11710 Clover Ct</b>                   |                    | Amount<br><b>211.20</b>  |
| City<br><b>Baton Rouge</b>                               | State<br><b>LA</b> | Zip Code<br><b>70809</b>   |
| Purpose of Expenditure<br><b>IE-Landrieu-Advertising</b> | Category/Type      | Transaction ID : <b>E6B98471E6804439B913</b><br>Date of Disbursement or Obligation<br>MM / DD / YYYY   |
| Name of Federal Candidate<br><b>Mary L Landrieu</b>      |                    | Office Sought: <input type="checkbox"/> House District: _____<br><input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b> |
| Calendar Year-To-Date<br>Per Election for Office Sought  |                    | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶  |

|   |                |
|---|----------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶    | <b>1582.40</b> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶ |                |
| (c) TOTAL Independent Expenditures..... ▶                   |                |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Wayne Cockfield

[Electronically Filed]

Date

MM / DD / YYYY  
**07 / 15 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

|                      |   |    |   |
|----------------------|---|----|---|
| PAGE                 | 3 | OF | 4 |
| FOR SE OF FORM 24/48 |   |    |   |

|   |  |  |  |
|---|--|--|--|
| NAME OF COMMITTEE (In Full)<br><b>National Right to Life Victory Fund</b>                           |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00509893  |  |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report |  | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |  |

|  |                    |  |   |
|--|--------------------|--|---|
| Full Name of Payee<br><b>The Lamar Companies</b>         |                    | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>05 / 15 / 2014</b> |   |
| Mailing Address <b>PO Box 37067</b>                      |                    | Amount<br><b>2840.00</b>   |   |
| City<br><b>Shreveport</b>                                | State<br><b>LA</b> | Zip Code<br><b>71133-7067</b>  | Transaction ID : <b>E811CB69BDAC94EB6843</b>  |
| Purpose of Expenditure<br><b>IE-Landrieu-Advertising</b> |                    | Category/Type  | Date of Disbursement or Obligation<br>MM / DD / YYYY  |
| Name of Federal Candidate<br><b>Mary L Landrieu</b>      |                    | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose       | Office Sought: <input type="checkbox"/> House District: _____<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b> |
| Calendar Year-To-Date<br>Per Election for Office Sought  |                    | <b>6922.40</b>   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶               |

|  |                    |  |   |
|--|--------------------|--|---|
| Full Name of Payee<br><b>The Lamar Companies</b>         |                    | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>06 / 04 / 2014</b> |   |
| Mailing Address <b>PO Box 37067</b>                      |                    | Amount<br><b>5075.00</b>   |   |
| City<br><b>Shreveport</b>                                | State<br><b>LA</b> | Zip Code<br><b>71133-7067</b>  | Transaction ID : <b>E644F62C6F131487E9B3</b>  |
| Purpose of Expenditure<br><b>IE-Landrieu-Advertising</b> |                    | Category/Type  | Date of Disbursement or Obligation<br>MM / DD / YYYY  |
| Name of Federal Candidate<br><b>Mary L Landrieu</b>      |                    | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose       | Office Sought: <input type="checkbox"/> House District: _____<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b> |
| Calendar Year-To-Date<br>Per Election for Office Sought  |                    | <b>11997.40</b>  | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶               |

|   |                |
|---|----------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶    | <b>7915.00</b> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶ |                |
| (c) TOTAL Independent Expenditures..... ▶                   |                |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Wayne Cockfield

[Electronically Filed]

Date

MM / DD / YYYY  
**07 / 15 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 4 OF 4  
 FOR SE OF FORM 24/48

|  |   |
|--|---|
| NAME OF COMMITTEE (In Full)<br><b>National Right to Life Victory Fund</b>  | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00509893       </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |   |

|  |             |  |  |
|--|-------------|--|--|
| Full Name of Payee<br><b>The Lamar Companies</b><br><b>[MEMO ITEM]</b> |             | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY<br/>06 / 25 / 2014</div> </div> |  |
| Mailing Address PO Box 37067   |             | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">4176.00</div>   |  |
| City<br>Shreveport   | State<br>LA | Zip Code<br>71133-7067   | <b>Transaction ID : EA1B8E4F8F21440C8BE6</b><br>Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div> |
| Purpose of Expenditure<br>IE-Landrieu-Advertising                      |             | Category/<br>Type  |  |
| Name of Federal Candidate<br>Mary L Landrieu                           |             | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose   | Office Sought: <input type="checkbox"/> House District: _____<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>                    |
| Calendar Year-To-Date<br>Per Election for Office Sought                |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;">16173.40</div>  | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶ _____                            |

|   |       |   |  |
|---|-------|---|--|
| Full Name of Payee                                      |       | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div> |  |
| Mailing Address   |       | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>   |  |
| City  | State | Zip Code  | Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div>               |
| Purpose of Expenditure                                  |       | Category/<br>Type   |  |
| Name of Federal Candidate                               |       | <input type="checkbox"/> Support<br><input type="checkbox"/> Oppose   | Office Sought: <input type="checkbox"/> House District: _____<br><input type="checkbox"/> President <input type="checkbox"/> Senate State: _____ |
| Calendar Year-To-Date<br>Per Election for Office Sought |       | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____          |

|  |   |
|--|---|
| <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶    | <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>     |
| <b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>         |
| <b>(c) TOTAL</b> Independent Expenditures..... ▶                   | <div style="border: 1px solid black; padding: 2px; display: inline-block;">12772.93</div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Wayne Cockfield

[Electronically Filed]

Date

MM / DD / YYYY  
07 / 15 / 2014

Signature